

1000 SHOT & DAY CAMP



EIU
BASKETBALL

MEN'S BASKETBALL 1000 SHOT/DAY CAMP

JULY 10-12 : BOYS GRADES 3-6

OPEN TO ANY AND ALL ENTRANTS

(limited only by number, age, grade level and/or gender)

1000 SHOT CAMP : 9 AM - NOON : COST \$110 : REGISTRATION 8:15 AM

The goal of the 1000 shot camp is to make the camper a better shooter through technique, instruction, and repetition.

PANTHERS DAY CAMP : 1 PM - 4 PM : COST \$110 : REGISTRATION 12:15 PM

The goal of the day camp is to help players improve on their fundamental skills. Campers will enhance their shooting, passing, rebounding and defensive skills in a fun, instructional atmosphere.

REGISTRATION DEADLINE: June 25, 2023 with \$50 deposit to ensure a spot and receive a t-shirt. *Camp registration deposits are non-refundable.*

T-shirt included. Limit one per camper.

Walk-up registrations are not guaranteed a spot at the camp.

T-shirt not guaranteed to walk-up registrants.

**CAMPERS ARE ENCOURAGED TO SIGN UP FOR BOTH THE
1000 SHOT & PANTHER DAY CAMPS - \$190 FOR BOTH
SIBLING DISCOUNT: SINGLE SESSION - ADDITIONAL \$60 (TOTAL \$170)
BOTH SESSIONS: ADDITIONAL \$110 (TOTAL \$300)**

BRING A SACK LUNCH or PURCHASE LUNCH ON CAMPUS

**Questions? Contact Jacob Rueter before registering at
618-340-0086 or email at jarueter2@eiu.edu.**

2023 Men's Basketball 1000 SHOT/DAY CAMP Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: (_____) _____

SCHOOL ATTENDING: _____ GRADE IN FALL, 2023: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE _____

EMAIL: _____

PLEASE RETURN THIS REGISTRATION FORM TO:

2023 EIU MEN'S BASKETBALL 1000 SHOT/DAY CAMP

ATTENTION: JACOB RUETER

600 LINCOLN AVE., CHARLESTON, IL 61920

OR REGISTER ONLINE AT WWW.EIUPANTHERS.COM

HEALTH & CONSENT FORM

This medical treatment and billing authorization form **MUST** be completed and **SIGNED** by the parent to enable the camper to participate.

Camp Attending _____ Camp Code: _____ **MBB778 (1000)**

Camper Name _____ Age _____ Gender _____ **MBB779 (Day)**

Address _____

City / State / Zip _____

EMERGENCY CONTACT INFORMATION

Parent / Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

HEALTH INFORMATION

Does camper have a history of:

_____ Convulsions _____ Heart Defect/Murmur _____ Asthma _____ Chicken Pox

_____ Diabetes _____ Bleeding Disorder _____ Surgery (past 2 years) _____ Mumps

Brief description of items checked _____

Medications: Type, dosage and frequency (list) _____

Allergies: (medications, foods, stings, other) _____

INSURANCE INFORMATION

EASTERN ILLINOIS UNIVERSITY REQUIRES that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

Insurance Carrier Name _____

Carrier Address/Phone _____

Policy / Group Number _____

AUTHORIZATION FOR TREATMENT: I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) _____ Date _____

Athletes must come to the Panther Camps physically sound. No preventative taping will be administered for injuries received prior to camp.

HEALTH and INSURANCE: Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at [www.EIUPANTHERS.COM](http://WWW.EIUPANTHERS.COM). This form must be completely filled out, signed and returned to us, along with registration.